MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07995

Reg. Dist. No. 195

1. PLACE OF DEATH
COUNTY Howard Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Howard Co., R.F.D. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest towo) OR TOWN Jessup, R.F.D.
STREET ADDRESS (If rural, give location) Guilford Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
NELLIE	V.	BARKER	August 5, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	Aug. 30, 1927	21 yrs.	11	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Gastonia, N. C.	U. S. A.

13. FATHER'S NAME Clarence E. Smith--Birthplace, Tenn.

14. MOTHER'S MAIDEN NAME Maggie Sneltzer , birthplace-Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Clarence E. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to lacerations of scalp

Antecedent cause(s) Diseases nr conditinns, if any, giving rise to the above cause stating the underlying cause last
(b) Fractures of skull
(c)

983
168

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home | (CITY OR TOWN) Jessup, (COUNTY) Howard (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Nnt while at work ☒ | HOW DID INJURY OCCUR? Blunt Force

22. *I certify that I took chorge of the remoins described obove, held an Autopsy* ☒ *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural cause* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE Carl L Rogers (Degree or title) M.D. ADDRESS 200 Fleet St DATE SIGNED August 6, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	Aug. 8, 1949	GOSHEN GROVE	N. BELMONT,	N. CAR

DATE REC'D BY LOCAL REG. 8/6/49 | REGISTRAR'S SIGNATURE Thanks Shipley, | 24. FUNERAL DIRECTOR J ARTHUR WALTERS | ADDRESS 505 WASH. BLVD, LAUREL, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07906

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODBINE, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) VIRGINIA (Last) BLADES

4. DATE OF DEATH: (Month) Aug. (Day) 5, (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: Aug. 15, 1870 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Blades | 14. MOTHER'S MAIDEN NAME: Elizabeth F. Gayle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: none | 17. INFORMANT: Fannie L. Blades- Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 3 weeks

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Hypertensive — 1942

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1949, to Aug. 5, 1949, that I last saw the deceased alive on August 4, 1949, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE: Stanley Grabill | (Degree or title) M.D. | ADDRESS: Mt. Airy, Maryland | DATE SIGNED: 8/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8/8/49 | NAME OF CEMETERY OR CREMATORY: Baltimore cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/8/49 | REGISTRAR'S SIGNATURE: A.W. Hesser | 24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC | ADDRESS: BALTIMORE - 13, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07907

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel, Laurel
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Louise (Last) Edmonston

4. DATE OF DEATH (Month) August (Day) 30 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Oct. 25 1885

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Krause

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Woolford Edmonston - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary thrombosis	84 hrs
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	5 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sep., 1948, to 30 Aug., 1949, that I last saw the deceased alive on 30 Aug., 1949, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE Thomas R. Ulshafer (Degree or title) MD

ADDRESS 322 Prince George St

DATE SIGNED 31 Aug '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 2, 1949

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. 9/2/49

REGISTRAR'S SIGNATURE Frank Shipley,

24. FUNERAL DIRECTOR De Witt Donaldson

ADDRESS Laurel, Maryland

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07908

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott city — LENGTH OF STAY (in this place) 73
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fredrick Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Fredrick Road.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Maggie) (Middle) (I) (Last) Genevieve Hilton

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: aug. 30 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 11 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland Ellicott city

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Crowley

14. MOTHER'S MAIDEN NAME: Catherine (?) Flaherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT: Edw D. Hilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephritis, Chronic

592 Antecedent cause(s)

1312 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia, congestive

(c) Heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 27, 1949 to Aug. 10, 1949, that I last saw the deceased alive on 10 aug., 1949, and that death occurred at 9 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George Edwin Golcan M.D. 5606 main St. Ellicott city md. 10 aug. 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 13. 1949 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: Aug 12, 1949 — REGISTRAR'S SIGNATURE: John B. Loughran Reg. — 24. FUNERAL DIRECTOR: P.C. Higinbothom — ADDRESS

J.B.E.L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City; MARYLAND; LENGTH OF STAY (In this place) two days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 3903 Fairview Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) KURTZWILE (Last)

4. DATE OF DEATH: (Month) AUG. (Day) 1 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk.

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) CEREBRAL HAEMORRHAGE — Interval between onset and death: 15 Min

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CEREBRAL ARTERIOSCLEROSIS AND GENERAL ARTERIOSCLEROSIS — 2

(c) APHASIA DUE TO PREVIOUS CEREBRAL HAEMORRHAGE — 3½ years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1949, to AUGUST 1, 1949, that I last saw the deceased alive on AUGUST 1, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving J. Taylor M.D. ADDRESS PINEL CLINIC ELLICOTT CITY, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 8-2-49; NAME OF CEMETERY OR CREMATORY Mt Carmel; LOCATION (City, town, or county) Balto; (State) Md.

DATE RECD BY LOCAL REG. 8/2/49; REGISTRAR'S SIGNATURE D.W. Hedrick; 24. FUNERAL DIRECTOR Jack Lewis Inc; ADDRESS 2100 Eutaw Pl.

DM

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07910

Reg. Dist. No. .....

M

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mo

Hospital, institution, or street address where death occurred: Landing Rd

How long in hospital or institution? /

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Howard

City or town: Elkridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Landing Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Lillian Elizabeth Fages

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Divorced

6.(b) Name of husband or wife: Francis P. Fages Sr.

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Sept 29 1905

8. AGE:

Years	Months	Days	If less than one day
43	10	9	..... hrs. ..... min.

9. Birthplace: Arlington, Md
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Grocery Store

FATHER
12. Name: Richard Oliver Wright
13. Birthplace: Pipesville Md

MOTHER
14. Maiden name: Edith Estella Compton
15. Birthplace: Catonsville Md

16. Informant: Mrs Olive E. Schisler (Sister)
Address: Landing Rd, Elkridge 27 Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug 9th 1949
(month) (day) (year)

Cemetery or crematory: Mt Olive

Location: Randallstown Balto Co Md

18. Funeral director: Willis Lamoreau

Address: 4510 Liberty Heights Ave.

19. 8/9/49
(Date rec'd by registrar)

A. W. Heduck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 7 1949, at 2:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1949, to Aug 7 1949 and that I last saw her alive on Aug 6 1949

Immediate cause of death	DURATION
Carcinoma of uterus	?
C. General carcinomatosis	
Due to: Myocardial	4 mo
Due to: Cl. sufficiency	1 mo
Other conditions: —	

174
48b
(Include pregnancy within 3 months of death)

Major findings of operations: General Carcinomatosis

Date of op.: Apr 26/49

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: B B Brumbaugh
M. D. or other

Address: 5609 Main St Elkridge 27 Md

Date signed: Aug 7/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17911

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville | LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Velvia (Middle) Ada (Last) Lord

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 8, '06

9. AGE last birthday: 43 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Howard County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert B. Thompson

14. MOTHER'S MAIDEN NAME: Velvia H. Sindall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT: H. Lester Lord

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) generalized carcinomatosis	8 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) adenocarcinoma of the cervix	2 years
	(c)	

171
48a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1948

19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma of the cervix {no metastases found at operat.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1946, to Aug. 8, 1949, that I last saw the deceased alive on Aug. 8, 1949, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. — ADDRESS: Clarksville, Maryland — DATE SIGNED: Aug. 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Aug. 11, 1949 | NAME OF CEMETERY OR CREMATORY: St. John's Cemetary | LOCATION (City, town, or county) (State): Ellicott City, Maryland

DATE REC'D BY LOCAL REG. 8/9/49 | REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR: F.C.Higinbothom — ADDRESS: Ellicott City, Md.

RECEIVED
AUG 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11712

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Lynn (Last)

4. DATE OF DEATH (Month) (Day) (Year) 8-24-1949 19

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH 1884

9. AGE last birthday 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Granite Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm H Trumpkin

14. MOTHER'S MAIDEN NAME Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Annie Barker, Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 Immediate cause (a) Respiratory Failure — Interval Between Onset and Death: Immediate

552 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Malignancy - metastasis generalized. — 3 months
(c) Cancer - primary origin, abdominal. — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Ellicott City (COUNTY) Howard (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 20 Aug., 1949, to 24 Aug., 1949, that I last saw the deceased alive on 22 Aug., 1949, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William F. Yiessaway M.D. ADDRESS Ellicott City, Md. DATE SIGNED 8/24/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE THEREOF 8-28-49

NAME OF CEMETERY OR CREMATORY Cherry Hill

LOCATION (City, town, or county) Granite (State) Md.

DATE REC'D BY LOCAL REG. Aug. 26, 1949

REGISTRAR'S SIGNATURE John B. Longsworth Jr. B. E. L.

24. FUNERAL DIRECTOR T. C. Higinbothom ADDRESS Ellicott City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.